PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

091675597

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER SMALL	•
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	1	RATE	FEE
BASIC FEE										345.00	OR	1000	690.00
то	TAL CLAIMS		∂ 4 minus 20=			• 6			X\$ 9=		OR	X\$18=	108.00
INC	EPENDENT C	LAIMS	<i>3</i> minus 3 =			•			X39=		OR	X78=	. Gyace
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL		OR	TOTAL	_
CLAIMS AS AMENDED - PART II]~	OTHER	THAN
(Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	ululac	REM Ái	AIMS IAINING FTER IDMENT		Pi	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	T tal		av)	Minus	**	min	= /		X\$ 9=		OR	X\$18=	
	Independent	NTATIO	N OF MI	Minus	PENI	SENT CLAIM	= /		X39=		OR	X78=/	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130=											OR	+260=	
•									TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
			umn 1)			Column 2)	(Column 3)				-		
AMENDMENT B		REM Af	AIMS AINING TER IDMENT		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	•	Minus	**	•	=		X\$ 9=	·	OR	X\$18=	
	Independent	•		Minus		•	=	Ī	X39=		OR	X78=	
	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEF	PENC	DENT CLAIM		ł		-			
								L	+130=		OR	+260=	
				A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	<u> </u>				
_			umn 1) AIMS				(Column 3)		<u>.</u>		_	•	
AMENDMENT C		REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	-	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•		Minus	***		=	ŀ	X39=		1	X78=	· ·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										-	OR	+260= TOTAL	
***	f the "Highest Nur f the "Highest Nur The "Highest Num	mber Pre	viously Pa	id For IN THIS	S SP/	ACE is less than	n 3, enter "3."		TOTAL DDIT. FEE nd in the app	propriate box		ADDIT. FEE	